

**Draft Indicators for School Health Programs:
HIV Prevention
State Education Agencies**

**Fiscal Year: March 1, 2005 – February 28, 2006
Division of Adolescent and School Health**

**Cooperative Agreement 03004:
Improving the Health, Education, and Well-Being of Young People Through
Coordinated School Health Programs**

Instructions

This set of indicators describes the performance of your HIV project in seven areas: (1) policy; (2) curricula and instruction; (3) assessment of student standards; (4) external collaboration; (5) targeting priority populations; (6) project planning; and (7) other information and activities.

A glossary of terms is included at the end of the indicators.

Activities to be reported are those for which any amount of DASH funds were used, or in which staff time to develop, implement, or evaluate activities was funded in any amount by DASH. These questions address only priority health risk behaviors of Program Announcement 03004. Do not include HIV prevention activities funded through supplements to 03004.

Please answer each question carefully and accurately. **Not all items or activities may reflect the emphasis of your HIV Project for the current fiscal year, and therefore you may report that you have not performed activities in those areas by entering zeros. Additionally, you may not currently collect information about some activities. If so, please leave the answer blank.** Please be sure to include materials for those items requesting attachments.

Public reporting burden of this collection of information is estimated to average 9 hours per response, including the time reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS-E-11, Atlanta, Georgia 30333; ATTN: PRA (0920-0672).

*For further questions or assistance with completing this report
please contact your CDC project officer.*

Person completing the Indicators:

Name: _____

Title: _____

State: _____ Phone: _____

Email: _____



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**



I. POLICY

1. During FY05, did your HIV project **DISTRIBUTE** established or model policies, policy standards, or other policy materials on the following topics? (Choose one for each topic.)

A. **HIV education** for students.

- ☐ YES
☐ NO—we have such policies **but have not distributed them** during FY05. → Skip to 1B
☐ NO—we **do not have** such policies. → Skip to 1B

IF YES, provide the total:

1. Number of districts reached directly _____
2. Number of hits on web site (if applicable) _____

B. **Infection control/universal precautions** for all school staff.

- ☐ YES
☐ NO—we have such policies **but have not distributed them** during FY05. → Skip to 1C
☐ NO—we **do not have** such policies. → Skip to 1C

IF YES, provide the total:

1. Number of districts reached directly _____
2. Number of hits on web site (if applicable) _____

C. **Maintaining confidentiality** of HIV-infected students and staff.

- ☐ YES
☐ NO—we have such policies **but have not distributed them** during FY05. → Skip to 1D
☐ NO—we **do not have** such policies. → Skip to 1D

IF YES, provide the total:

1. Number of districts reached directly _____
2. Number of hits on web site (if applicable) _____

D. **Other** established or model policies, policy standards, or other policy materials.

- ☐ YES
☐ NO—we have such policies **but have not distributed them** during FY 05. → Skip to 2
☐ NO—we **do not have** such policies. → Skip to 2

IF YES,

1. Specify policy topic _____
2. Number of districts reached directly _____
3. Number of hits on web site (if applicable) _____

Please continue on the next page →

2. During FY05, did your HIV project provide **PROFESSIONAL DEVELOPMENT** that included information on established or model policies, policy standards, or other policy materials? (Choose one.)

- ☐ YES
☐ NO → Skip to 3

If YES, provide the total:

- A. Number of professional development events focusing only on HIV policy _____
B. Number of participants in professional development events focusing only on HIV policy _____
C. Number of professional development events that combined HIV policy with other topic(s) (include only professional development in which activities or a portion of the event focused specifically on HIV policy) _____
D. Number of participants in professional development events that combined HIV policy with other topics _____
E. Number of schools reached directly _____
F. Number of districts reached directly _____
G. Number of regional support units reached directly (if applicable) _____
H. Number of external partners reached directly _____

3. During FY05, did your HIV project provide **INDIVIDUALIZED TECHNICAL ASSISTANCE** on established or model policies, policy standards, or other policy materials? (Choose one.)

- ☐ YES
☐ NO → Skip to 4

If YES, provide the total:

- A. Number of schools reached directly _____
B. Number of districts reached directly _____
C. Number of regional support units reached directly (if applicable) _____
D. Number of external partners reached directly _____

Please continue on the next page →

II. CURRICULA & INSTRUCTION

4. During FY05, did your HIV project **DISTRIBUTE** any of the following on HIV prevention: health education standards, exemplary curricula, frameworks, or guidance? (Choose one.)
- ☐ YES
 - ☐ NO—we have health education standards, exemplary curricula, frameworks, or guidance on HIV prevention **but have not distributed them** during FY05. → Skip to 5
 - ☐ NO—we **do not have** health education standards, exemplary curricula, frameworks, or guidance on HIV prevention. → Skip to 5

If YES, provide the total:

- A. Number of schools reached directly _____
 - B. Number of districts reached directly _____
 - C. Number of regional support units reached directly (if applicable) _____
 - D. Number of external partners reached directly _____
 - E. Number of hits on web site (if applicable) _____
5. During FY05, did your HIV project provide **PROFESSIONAL DEVELOPMENT** on exemplary HIV curricula or instruction? (e.g. training on selected curricula; the importance of scientifically accurate information; characteristics of effective HIV prevention programs; effective instructional strategies; or aligning HIV prevention programs to meet health education standards.) (Choose one.)
- ☐ YES
 - ☐ NO→ Skip to 6

If YES, provide the total:

- A. Number of professional development events focusing only on HIV curricula or instruction _____
- B. Number of participants in professional development events focusing only on HIV curricula or instruction _____
- C. Number of professional development events that combined HIV curricula or instruction with other topic(s) (include only professional development in which activities or a portion of the event focused specifically on exemplary HIV curricula or instruction) _____
- D. Number of participants in professional development events that combined HIV curricula or instruction with other topics _____
- E. Number of schools reached directly _____
- F. Number of districts reached directly _____
- G. Number of regional support units reached directly (if applicable) _____
- H. Number of external partners reached directly _____

Please continue on the next page →

6. During FY05, did your HIV project conduct **PROFESSIONAL DEVELOPMENT** on any specific HIV prevention education curricula and/or programs for youth? (Choose one.)

- ☐ YES
☐ NO → Skip to 7

If YES, please provide the name of the curricula or programs:

- | | |
|----------|------------------------------------------|
| A. _____ | A1. (total number of participants _____) |
| B. _____ | B1. (total number of participants _____) |
| C. _____ | C1. (total number of participants _____) |
| D. _____ | D1. (total number of participants _____) |
| E. _____ | E1. (total number of participants _____) |

7. During FY05, did your HIV project provide **INDIVIDUALIZED TECHNICAL ASSISTANCE** on HIV curricula or instruction? (e.g. help in reviewing, revising, developing, selecting or implementing instructional materials for HIV prevention) (Choose one.)

- ☐ YES
☐ NO → Skip to 8

If YES, provide the total:

- | | |
|----------------------------------------------------------------------|-------|
| A. Number of schools reached directly | _____ |
| B. Number of districts reached directly | _____ |
| C. Number of regional support units reached directly (if applicable) | _____ |
| D. Number of external partners reached directly | _____ |

8. During FY05, which of the following topics were emphasized by your HIV project in curricula or instruction? (Choose YES or NO for each topic.)

- | | YES | NO | |
|----|-----------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | <input type="radio"/> | <input type="radio"/> | Abstinence from sex as the only sure way of preventing HIV transmission |
| B. | <input type="radio"/> | <input type="radio"/> | Abstinence from IV drug use as the only sure way of preventing HIV transmission |
| C. | <input type="radio"/> | <input type="radio"/> | Proper and consistent use of condoms among sexually active youth as a method of reducing the risk of HIV transmission |
| D. | <input type="radio"/> | <input type="radio"/> | Influencing social norms to prevent HIV infection |
| E. | <input type="radio"/> | <input type="radio"/> | Developing individual and interpersonal skills for preventing HIV infection (e.g. goal setting, decision making, refusal, negotiation, communication, advocacy) |
| F. | <input type="radio"/> | <input type="radio"/> | The relationship between HIV prevention and other STD prevention or pregnancy prevention |
| G. | <input type="radio"/> | <input type="radio"/> | The relationship between HIV prevention and prevention of alcohol or drug use |

Please continue on the next page →

III. ASSESSMENT OF STUDENT STANDARDS

9. In FY05, did your HIV project **DISTRIBUTE** frameworks or guidelines about how to assess or measure, at the classroom level, students' knowledge and skills regarding HIV prevention? This does not include materials on how to conduct the Youth Risk Behavior Survey (YRBS) or the School Health Profiles (Profiles). (Choose one.)
- ☐ YES
 - ☐ NO—we have frameworks or guidelines about how to assess or measure, at the classroom level, students' knowledge and skills regarding HIV prevention, **but have not distributed them** in FY05.
 - ☐ NO—we **do not have** materials about how to assess or measure at the classroom level, students' knowledge and skills regarding HIV prevention.

10. In FY05, did your HIV project conduct **PROFESSIONAL DEVELOPMENT** that included information about how to assess or measure, at the classroom level, students' knowledge and skills regarding HIV prevention? This does not include training on how to conduct the Youth Risk Behavior Survey (YRBS) or the School Health Profiles (Profiles). (Choose one.)

- ☐ YES
- ☐ NO→ Skip to 11

If YES, provide the total:

- A. Number of professional development events focusing on health education assessment, including HIV prevention (include only professional development in which activities or a portion of the event focused specifically on HIV student standards and health education assessment) _____
- B. Number of participants from professional development events focusing on student standards and health education assessment, including HIV prevention _____
- C. Number of professional development events focusing on student standards and health education assessment _____
- D. Number of participants from all professional development events focusing on student standards and health education assessment _____
- E. Number of schools reached directly _____
- F. Number of districts reached directly _____
- G. Number of regional support units reached directly (if applicable) _____
- H. Number of external partners reached directly _____

Please continue on the next page →

11. In FY05, did your HIV project provide **INDIVIDUALIZED TECHNICAL ASSISTANCE** that included information about how to assess or measure, at the classroom level, students' knowledge and skills regarding HIV prevention? (Choose one.)

- ☐ YES
☐ NO → Skip to 12

If YES, provide the total:

- A. Number of schools reached directly _____
B. Number of districts reached directly _____
C. Number of regional support units reached directly (if applicable) _____
D. Number of external partners reached directly _____

Please continue on the next page →

IV. EXTERNAL COLLABORATION

12. During FY05, did your HIV project **COLLABORATE** with any external partners? (Choose one.)

- ☐ YES
☐ NO → Skip to 13

If YES, Choose YES or NO for each of the following external partners:

	YES	NO	
A.	<input type="radio"/>	<input type="radio"/>	Agencies serving primarily African-American youth
B.	<input type="radio"/>	<input type="radio"/>	Agencies serving primarily Hispanic youth
C.	<input type="radio"/>	<input type="radio"/>	Agencies serving primarily American Indian/Alaskan Native youth
D.	<input type="radio"/>	<input type="radio"/>	Agencies serving primarily Asian/Pacific Islander youth
E.	<input type="radio"/>	<input type="radio"/>	Agencies serving primarily sexual minority youth
F.	<input type="radio"/>	<input type="radio"/>	AIDS service community organizations
G.	<input type="radio"/>	<input type="radio"/>	Alcohol and drug rehabilitation facilities
H.	<input type="radio"/>	<input type="radio"/>	CDC-funded local education agency HIV project
I.	<input type="radio"/>	<input type="radio"/>	Community organizations serving parents and families (this does not include internal school parent groups such as the PTA)
J.	<input type="radio"/>	<input type="radio"/>	Faith or religious organizations
K.	<input type="radio"/>	<input type="radio"/>	Health service organizations
L.	<input type="radio"/>	<input type="radio"/>	HIV Community Planning Group (CPG)
M.	<input type="radio"/>	<input type="radio"/>	Juvenile corrections facilities
N.	<input type="radio"/>	<input type="radio"/>	National organizations funded by CDC to assist with HIV prevention efforts
O.	<input type="radio"/>	<input type="radio"/>	Organizations that focus exclusively on abstinence
P.	<input type="radio"/>	<input type="radio"/>	Other national organizations
Q.	<input type="radio"/>	<input type="radio"/>	State health department
R.	<input type="radio"/>	<input type="radio"/>	State health coalitions or networks
S.	<input type="radio"/>	<input type="radio"/>	Universities and other institutions of higher education
T.	<input type="radio"/>	<input type="radio"/>	Youth representing schools or communities
U.	<input type="radio"/>	<input type="radio"/>	Youth-serving community organizations
V.	<input type="radio"/>	<input type="radio"/>	Others (please specify) _____

			(If additional "others" are listed please label W-Z.)

Please continue on the next page →

13. During FY05, which of the following descriptions best describes your state education agency's relationship with the state CDC-sponsored Community Planning Group (CPG) for HIV prevention? (Choose one.)
- ☐ No one from the SEA attends the meetings
 - ☐ An SEA staff member attends meetings to observe, but has no formal role
 - ☐ An SEA staff member attends and serves as a content expert or technical advisor, but does not have any voting privileges
 - ☐ An SEA staff member attends meetings and has voting privileges
 - ☐ Other (please specify) _____

V. TARGETING PRIORITY POPULATIONS

14. In FY05, did your HIV project implement programmatic activities to specifically target any of the following youth? Materials, professional development and individualized technical assistance may be specific to preventing HIV, or may focus on reaching, serving, communicating with, or providing services for members of the priority populations listed below. If more than one priority population is specifically targeted in materials, professional development, or individualized technical assistance, report each group included, below. (Choose YES or NO in each box.)

Priority Populations	Distributing Materials		Professional Development		Individualized Technical Assistance	
	YES	NO	YES	NO	YES	NO
A. African-American youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Asian/Pacific Islander youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Hispanic youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. American Indian/Alaskan Native youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Sexual minority youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(If NO to all responses, skip to 18.)

Please continue on the next page →

FISCAL YEAR 2005 SCHOOL HEALTH PROGRAM INDICATORS

15. For the materials, professional development, or individualized technical assistance that you provided specifically targeting priority populations, what topics were included? (Choose all that apply.)
- ☐ Reaching members of priority populations to provide educational programs or services
 - ☐ Providing culturally or linguistically competent educational programs or services
 - ☐ Understanding the HIV prevention needs of members of priority populations
 - ☐ Building the skill of school administrators, faculty, or staff to address members of priority populations
 - ☐ Other (please specify) _____

(If NO to all professional development questions in 14, skip to 17)

16. During FY05, describe the **PROFESSIONAL DEVELOPMENT** that your HIV project provided that focused on improving the quality of HIV prevention for specific priority populations:
- A. Number of professional development events that focused on improving the quality of HIV prevention for specific priority populations _____
 - B. Number of schools reached directly _____
 - C. Number of districts reached directly _____
 - D. Number of regional support units reached directly (if applicable) _____
 - E. Number of external partners reached directly _____

(If NO to all individualized technical assistance questions in 14, skip to 18)

17. During FY05, describe the **INDIVIDUALIZED TECHNICAL ASSISTANCE** that your HIV project provided to reach specific priority populations:
- A. Number of schools reached directly _____
 - B. Number of districts reached directly _____
 - C. Number of regional support units reached directly (if applicable) _____
 - D. Number of external partners reached directly _____
18. If your HIV project implemented any programmatic activities that directly targeted **other youth in high risk situations**, please list the categories of youth that were specifically targeted. (Please refer to Attachment A for a complete list.)
- | | |
|----------|----------|
| A. _____ | F. _____ |
| B. _____ | G. _____ |
| C. _____ | H. _____ |
| D. _____ | I. _____ |
| E. _____ | |

Please continue on the next page →

VI. PROJECT PLANNING

19. Does your HIV project have a formal written training plan that guides statewide **PROFESSIONAL DEVELOPMENT** activities? (Choose one.)

- ☐ YES
☐ NO

(If YES, please attach.)

Please continue on the next page →

VII. OTHER INFORMATION & ACTIVITIES

20. How many school districts do you have in your state? _____ TOTAL
21. How many regional support units do you use to support HIV prevention? (if applicable)
_____ TOTAL
22. Is there information that we asked for in this year's Indicators that you estimated or guessed at?
☐ YES
☐ NO → Skip to 23

A. What kind of information did you estimate or guess at? (Mark all that apply.)

- _____ Distribution of print materials
_____ Distribution of electronic materials
_____ Professional development events
_____ Individualized technical assistance

B. On what topics did you estimate or guess at information? (Mark all that apply.)

- _____ Policies
_____ Curricula and instruction
_____ Assessment of student standards

23. Is there information that we asked for in this year's Indicators that you did not collect at all?
☐ YES
☐ NO → Skip to 24

A. What kind of information did you not collect at all? (Mark all that apply.)

- _____ Distribution of print materials
_____ Distribution of electronic materials
_____ Professional development events
_____ Individualized technical assistance

B. On what topics did you not collect information at all? (Mark all that apply.)

- _____ Policies
_____ Curricula and instruction
_____ Assessment of student standards

Please continue on the next page →

HIV PREVENTION, STATE EDUCATION AGENCIES

24. During FY05, did your HIV project conduct any additional, noteworthy, major activities to improve HIV policies, curriculum, instruction, or assessment? Did these activities focus on improving the quality of HIV prevention for African-American, Hispanic, American Indian/Alaskan Native or Asian/Pacific Islander youth or youth in high risk situations? If so, please describe in an attached narrative.

25. Please describe in an attached narrative, one specific improvement to your HIV program during FY05 that occurred as a result of your evaluation activities.

26. Please provide any additional general comments or information in the space below.

THANK YOU FOR YOUR RESPONSES. PLEASE RETURN THE INDICATORS.

Glossary

Please refer to the following definitions when answering the questions:

COLLABORATION - Two or more partners jointly plan and implement program activities with definable roles and responsibilities for each partner.

CULTURAL COMPETENCE - Knowledge and skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups.

CURRICULUM - An educational plan incorporating a structured, developmentally appropriate series of intended learning outcomes and associated learning experiences for students; generally organized as a related combination or series of school-based materials, content, and events.

DISTRIBUTE - Putting exemplary materials in the hands of appropriate personnel. Distribution may occur in response to requests for materials or through proactive sharing of information.

DOCUMENTATION - Written records showing an activity occurred.

EMPHASIZED - Curricula, instruction, and instructional activities are tailored to specific, primary HIV prevention topics and are primary messages in policy, professional development, or individualized technical assistance by an HIV project. Do not include topics that are only mentioned in passing and are not primary messages of curricula, instruction, or instructional activities.

EVALUATION PLAN - A written evaluation plan may include process evaluation, to determine if activities were conducted as planned and how well they were conducted, as well as outcome evaluation, to determine the impact of an activity or program on program objectives.

EXEMPLARY - An evaluated curriculum or program with evidence of effectiveness, or a curriculum or program that has used research-based or science-based strategies. An exemplary curriculum or program is: (1) developmentally and culturally appropriate; (2) medically and scientifically accurate; (3) consistent with scientifically researched evidence of effectiveness; and (4) built on a theoretic approach based on proven principles for prevention.

EXTERNAL PARTNERS - Agencies, organizations, and groups outside your own agency with which you collaborate or associate to further the goals of your HIV project.

FISCAL YEAR (FY) - March 1, 2004 to February 28, 2005, the budget period for the cooperative agreement.

FRAMEWORK - An outline or plan that presents both the content (e.g. important concepts, skills, and generalizations) and the process for developing curricula, instruction, and assessment.

GUIDANCE - A set of strategies to apply frameworks to develop curricula, instruction, and assessment.

HEALTH EDUCATION STANDARDS - An established set of indicators that describe the knowledge and skills essential to the development of student health literacy and provide the foundation for curriculum development, instruction, and assessment of student performance. Many states use the National Health Education Standards as the foundation for their own health education standards. An abbreviated version of the National Health Education Standards developed by the Joint Committee on National Health Education Standards can be found at http://www.aahperd.org/aahe/pdf_files/standards.pdf.

HIV PROJECT - Any activities or personnel that are funded, in part or whole, through CDC/DASH cooperative agreement funds for the HIV project. It is the work of contract and regional staff on DASH Program Announcement 03004, Priority #3.

INDIVIDUALIZED TECHNICAL ASSISTANCE - Tailored assistance to meet site-specific needs with collaborative communication between a specialist and the site. Assistance takes into account site-specific circumstances and culture, and can be provided through phone, mail, e-mail, Internet, or in-person meetings.

LINGUISTIC COMPETENCE - Knowledge and skills that allow individuals to increase their understanding and appreciation of verbal and non-verbal communication differences and similarities within, among, and between groups.

MATERIALS - Resources approved by an HIV materials review committee, including written materials (e.g. curricula, training materials, pamphlets); audio visual materials (e.g. motion pictures and video tapes); pictorials (e.g. posters and similar educational materials using photographs, slides, drawings, or paintings); and electronic resources (e.g. web sites, PDF files, PowerPoint files).

NUMBER OF DISTRICTS REACHED DIRECTLY - A district is reached directly when one or more district level staff receive materials, training, or assistance from personnel funded by your HIV project.

NUMBER OF REGIONAL SUPPORT UNITS REACHED DIRECTLY - A regional support unit is reached directly when one or more regional support unit staff receive materials, training, or assistance from personnel funded by your HIV project. If you specifically fund a CBO or NGO to provide regional support, report their activities ONLY under regional support units and not under external partners.

NUMBER OF SCHOOLS REACHED DIRECTLY - A school is reached directly when one or more school staff receive materials, training, or assistance from personnel funded by your HIV project.

POLICY - Any mandate issued or policies adopted by school district boards of education, the state school board, state legislature, or other district or state agencies that affect the environment in school districts or throughout the state. These include policies developed by your state, or those based on model policies developed elsewhere. Sample model policies are available in *Fit, Healthy, and Ready to Learn: A School Health Policy Guide* (March 2000), developed by the National Association of State Boards of Education (NASBE). Sample policies can be viewed at NASBE's web site: <http://www.nasbe.org/healthyschools/fithealthy.mgi>.

PRIORITY POPULATIONS - Groups disproportionately affected by HIV/AIDS, including youth at high risk for health disparities.

PROFESSIONAL DEVELOPMENT - Those processes and activities designed to enhance the professional knowledge, skills and attitudes of educators and others who work with youth, so that they might, in turn, improve the learning and health outcomes of children and adolescents. Professional development is consciously designed to actively engage learners and includes the planning, design, implementation, evaluation and follow-up of professional development events (e.g. training, workshops, conferences, web-based learning, coaching/mentoring).

PROFESSIONAL DEVELOPMENT EVENT- A set of skill-building processes and activities designed to assist targeted groups of participants in mastering specific learning objectives. Such events are delivered in an adequate time span (at least 3 hours) and may include, but are not limited to, curriculum and other training, workshops, conferences, and on-line or distance learning courses.

PROGRAM - A multi-faceted approach to decrease health risk behaviors that may include a combination of strategies such as one-on-one interventions, policy and climate changes, advocacy, peer interventions, mentoring programs, youth asset development, and outreach.

REGIONAL SUPPORT UNITS - A state-recognized agency or organization (e.g. universities, regional education support agencies, regional offices of education, regional training centers, teacher centers, county superintendent's offices, etc.) that provides professional development, technical assistance and educational materials to school districts and schools within the state.

SCHOOL - A division of the public school system consisting of students in one or more grades or other identifiable groups organized to give instruction of a defined type. One school may share a building with another school or one school may be housed in several buildings. Each school usually has an identification number assigned by the state department of education for tracking purposes. Synonyms for public schools include charter schools, magnet schools, vocational schools and alternative schools.

SCHOOL DISTRICT - An education agency at the local level that exists primarily to operate public schools or to contract for public school services. Synonyms are local basic administrative unit, local education agency, SAU, parish, independent school districts, etc.

SERVING PRIMARILY - Agencies whose main focus is on providing services tailored to a specific, identifiable population (e.g. by race, sexual orientation, etc.), or increasing the ability of others to provide services to that population.

SEXUAL MINORITY YOUTH - Youth who identify as gay, lesbian, bisexual, transgender, or questioning; or youth who engage in same gender sexual activity.

SPECIFICALLY TARGETING - Programs or activities that are tailored to a particular, identifiable population (e.g. by race, sexual orientation, etc.), or activities to increase the ability of others to provide such services or activities.

YOUTH IN HIGH RISK SITUATIONS - Please refer to CDC's definition (Attachment A).

ATTACHMENT A

YOUTH IN HIGH-RISK SITUATIONS

The following is the Centers for Disease Control and Prevention's definition of youth in high-risk situations. (From CDC. "Report of the Fourth Meeting of the CDC Advisory Committee on the Prevention of HIV Infection," November 7-8, 1990.)

Young people between the ages of 10 and 24 who fit at least one of the following categories are considered at high risk for HIV infection:

1. Homeless youth
2. Runaway youth
3. Youth not in school and unemployed
4. Youth requiring drug or alcohol rehabilitation
5. Youth who interface with the juvenile corrections system
6. Medically indigent youth
7. Youth requiring mental health services
8. Youth in foster homes
9. Migrant farm worker youth
10. Gay or lesbian youth
11. Youth with STDs, especially genital ulcer disease
12. Sexually abused youth
13. Sexually active youth
14. Pregnant youth
15. Youth seeking counseling and testing for HIV infection
16. Youth with signs and symptoms of HIV infection or AIDS without alternative diagnosis
17. Youth who barter or sell sex
18. Youth who use illegal injected drugs (including crack cocaine)

Some characteristics of youth who fit the definition of youth at high risk for HIV infection pose barriers to effective intervention. Those characteristics include:

- feeling invulnerable to disease
- having little adult supervision, whether at home, having run away from home, or having been asked to leave home
- a history of emotional, sexual, and/or physical abuse
- distrust of adults
- serious emotional and personal problems
- disenfranchised from institutions that normally provide structure and support
- difficulty filling basic human needs for food, shelter, money, and safety -- consequently placing prevention of HIV infection at a low priority

